

## REQUEST FOR RESTORATION OF ANNUAL LEAVE

\*\*\*\*Name \_\_\_\_\_ SSN \_\_\_\_\_

### Leave Requested:

No. of hours \_\_\_\_\_ Scheduled for use on \_\_\_\_\_ Date approved \_\_\_\_\_

Date leave cancelled \_\_\_\_\_

### If Applicable:

No. of hours rescheduled \_\_\_\_\_ For use on \_\_\_\_\_ Date cancelled \_\_\_\_\_

No. of hours scheduled or rescheduled leave used \_\_\_\_\_

No. of hours to be restored \_\_\_\_\_ Must be used by \_\_\_\_\_

Reason for cancellation of leave **(If because of exigency, include beginning and ending dates of exigency and a copy of the approval or confirmation of the exigency. An exigency is defined as an urgent situation that would affect the mission of the agency.)**

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Signature of supervisor

APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

\_\_\_\_\_  
Head of Agency or Designee Date \_\_\_\_\_

### Instructions:

If leave is forfeited because of illness or exigency, this request for restoration must be supported by OPM 71 or other documentation of approval of the leave in writing. If forfeited because of administrative error, attach a description of the circumstances. This form, along with appropriate documentation, must be received by the Pay and Leave Staff by February 28, unless forfeiture was due to administrative error.

### When approved:

Original (with documentation, through channels): BPD, Pay and Leave Staff, Room 206-2

Copy: Agency

Copy: Employee

## **NOTICE UNDER THE PRIVACY ACT**

The authority for collecting this information is 5 U.S.C. 301 and 6304 and 31 U.S.C. 321, and, where a social security number is requested, E.O. 9397.

The purpose of collecting this information about you is to process and record your request to restore annual leave.

This information may be disclosed to the Office of Personnel Management; agencies, contractors, and others to administer personnel and payroll systems and for debt collection and employment or security investigations; a law enforcement agency if Public Debt becomes aware of a possible violation of law or regulation; a Congressional office to respond to your requests; courts and counsel during litigation; unions if needed to perform their authorized duties; other agencies under approved computer matches.

Furnishing the information on this form, including your social security number, is voluntary, but failure to do so may result in disapproval of this request.